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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 4026**
Sumio IJIMA et al. : Attorney Docket No. 2005_0065A
Serial No. 10/521,575 : Group Art Unit 1633
Filed July 20, 2005 : Examiner Robert M. Kelly
STRUCTURES SELECTING METHOD : **Mail Stop AF**
FOR CARBON NANOTUBES BY LIGHT
IRRADIATION

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$220.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter
Independent (1extra) \$220.00

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

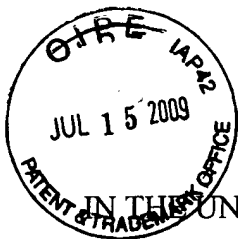
Respectfully submitted,

Sumio IJIMA et al.

By Andrew B. Freistein
Andrew B. Freistein
Registration No. 52,917
Attorney for Applicants

AES/ABF/rgf
WENDEROTH, LIND & PONACK, L.L.P.
1030 15th Street., N.W., Suite 400 East
Washington, D.C. 20005-1503
Telephone (202) 721-8200
July 15, 2009

[Check No. 90588]
2005_0065A



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ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

| | SMALL ENTITY | | LARGE ENTITY |
|--|--------------|----|-----------------|
| Total Claims exceeding 20 (not already paid for): x | (\$ 26 = \$) | or | (\$52 = \$) |
| Indep. Claims exceeding 3 (not already paid for): 1 x | (\$110 = \$) | or | (\$220 = \$220) |
| <input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): + | (\$195 = \$) | or | (\$390 = \$) |
| Total Additional Fee = | \$ | or | <u>\$220.00</u> |

- ☐ Small entity status of this application has been previously asserted.
- ☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
- ☐ is enclosed or
- ☐ has been previously submitted.

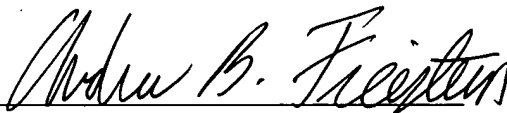
☒ A check in the amount of \$220.00 is enclosed.

☐ Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

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By 

Andrew B. Freistein

Registration No. 52,917

Attorney for Applicants

AES/ABF/rgf
Washington, D.C. 20005-1503
Telephone (202) 721-8200
Facsimile (202) 721-8250
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